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JUN 22 2006

Deliver to: Examiner: Dennis Butler Art Unit: 2115
 Firm Name: U.S. Patent & Trademark Office
 Fax Number: 571-273-8300
 From: Michael J. Mallie Operator: Christopher Burnharte
 Date: June 22, 2006
 App. No.: 10/681,505
 No. of pages: (including cover sheet)
 Client/Matter: 42.P17246 Docket Date: June 23, 2006 Atty:JDS

Dear Examiner:

Please find the following document(s) attached:

- 1) Response to Office Action (12 pages)

Thank you.

CERTIFICATE OF TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.	
By:  <u>Christopher Burnharte</u>	Date: <u>June 21, 2006</u>

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PTO/SB/17 (01-08)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 120.00)**Complete if Known**

Application Number	10/681,505
Filing Date	October 7, 2003
First Named Inventor	Vincent J. Zimmer
Examiner Name	Dennis Butler
Art Unit	2115
Attorney Docket No.	42P17246

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account: Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	
HP = highest number of total claims paid for, if greater than 20.			

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE

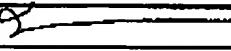
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

1) Extension for response within first month (Fee Code 1251)	Fees Paid (\$)
	120.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,591	Telephone 408-720-8300
Name (Print/Type)	Michael J. Mallie		Date June 22, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)120.00

Complete if Known

Application Number	10/681,505
Filing Date	October 7, 2003
First Named Inventor	Vincent J. Zimmer
Examiner Name	Dennis Butler
Art Unit	2115
Attorney Docket No.	42P17246

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.16 and 1.17

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$)Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent ClaimsFee (\$)Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

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<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 =	/ 50 =	(round up to a whole number) x	=	
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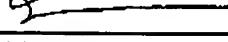
4. OTHER FEE(S)

1) Extension for response within first month (Fee Code 1251)

Fees Paid (\$)

120.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	36,591	Telephone	408-720-8300
Name (Print/Type)	Michael J. Mallie			Date	June 22, 2006

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10/681,505
Docket P17246

JUN 22 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT AND RESPONSE AND
PETITION FOR ONE (1) MONTH EXTENSION

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Dear Sir:

In accordance with 37 C.F.R. § 1.136(a), Applicant for the above-identified application respectfully petitions the Commissioner for a one (1) month extension of time, extending the period for response to June 23, 2006, from the Office Action dated Feb. 23, 2006. Please charge the petition filing fee of \$120.00 to Deposit Account No. 02-2666.

If it should be determined that a longer extension of time is required to prevent this application from being abandoned, please charge any additional fees to Deposit Account No. 02-2666. A copy of the Fee Transmittal is enclosed for deposit account charging purposes.

In response to the Office Action of Feb. 23, 2006, please reconsider the pending claims based on the following amendment.

06/23/2006 FMETEKI1 00000082 022666 10681505

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